

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR GRANT PROPOSALS

FOR

**RYAN WHITE HIV/AIDS PROGRAM PART B
CORE MEDICAL AND SUPPORT SERVICES**

RFGP Number: 34349-86518

I.	STATEMENT OF INTENT AND DESCRIPTION OF SERVICES REQUESTED:	3
A.	Detailed Description of Services Requested:	3
1.	Core Medical Services include:	4
2.	Support Services include:	6
3.	Prohibited use of funds:	8
4.	Sub-recipient Administrative Costs: Error! Bookmark not defined.	
II.	GENERAL INSTRUCTIONS AND REQUIREMENTS:	9
A.	Schedule of Events:	9
B.	Notice of Intent to Propose:	10
C.	Questions and Answers:	11
D.	Submission of Proposals:	11
E.	Proposal Amendment and Rules for Withdrawal:	11
F.	Acceptance of Proposals:	12
G.	Right to Further Negotiate:	12
H.	Assignment and Subcontracting:	12
I.	Incurring Costs:	12
J.	Disclosure of Proposal Contents:	13
III.	PROPOSER ASSURANCES AND REQUIREMENTS:	13
IV.	PROPOSAL FORMAT AND CONTENT:	13
A.	Organizational Capacity: Organization, Experience and Staff (30 POINTS)...	13
B.	Technical Proposal for Scope of Services (50 POINTS)	14
C.	Grant Budget (20 TOTAL POINTS).....	15
V.	PROPOSAL EVALUATION:	15
VI.	GENERAL PROPOSER INFORMATION REGARDING GRANT CONTRACT:	16
A.	Sample Grant Contract:	16
B.	Additional Services:	16
C.	Proposer Exceptions to the Sample Grant Contract and/or RFGP:	16

**(If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant shall be revised accordingly; however, significant performance requirements shall not be revised.)*

REQUEST FOR GRANT PROPOSAL**STATE OF TENNESSEE****DEPARTMENT OF HEALTH****I. STATEMENT OF INTENT AND DESCRIPTION OF SERVICES REQUESTED:**

The Tennessee Department of Health hereinafter referred to as "State" or "Department" is soliciting grant proposals for Ryan White HIV/AIDS Program Part B (RWHAPPB) Core Medical and Support Services as further described below. The purpose of this Request for Grant Proposal (RFGP) is to define the State's minimum requirements, solicit grant proposals and gain adequate information from which the State can evaluate the services you propose to provide.

The State intends to enter into multiple grant(s) for a period of nine (9) months with an expected effective period from July 1, 2017 to March 31, 2018. The total for all grant(s) is five million dollars (\$5,000,000). At the end of each grant year, the State reserves the right to renew the grant(s) for another year not to exceed five (5) years.

A. Detailed Description of Services Requested:

The Tennessee Department of Health utilizes federal funds to provide medical and support services^{1,2} to Tennesseans living with HIV and AIDS through the Ryan White HIV/AIDS Program Part B (RWHAPPB). The Tennessee Department of Health, HIV/STD/Viral Hepatitis Services' mission is to protect, promote, and foster sexual health through HIV/STD/ Viral Hepatitis prevention, identification, treatment, and education among people in Tennessee. The Tennessee Department of Health is seeking service providers to receive RWHAPPB funds and use them to administer Core Medical and Support Services under the terms outlined below and in the attached Grant Contract.

RWHAPPB funds are intended to support only the HIV-related needs of¹ eligible individuals. All efforts must be made to make an explicit connection between any service supported with RWHAPPB funds and the intended client's HIV status, or care-giving relationship to a person with HIV. RWHAPPB funds are payer of last resort, and all recipients/subrecipients must vigorously pursue alternate sources of payments.¹ Charges that are billable to third party payers (e.g., private insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAPPB funding including ADAP) are unallowable. All service recipients are expected to certify eligibility every twelve (12) months and recertify eligibility at least every six (6) months.

RWHAPPB funds are subject to Section 2612(b) of the Public Health Service Act which requires that at least seventy five (75%) percent of funds be used to provide core medical services.

¹ See sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

² See HIV/AIDS Bureau Policy 16-02.

1. Core Medical Services:

- a. **Early Intervention Services (EIS):** The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAPPB recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

EIS must include the following four components:

- 1) Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected;
 - a) Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts, and
 - b) HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources.
 - 2) Referral services to improve HIV care and treatment services at key points of entry;
 - 3) Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Services; and
 - 4) Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.
- b. **Home and Community-Based Health Services** are provided to a client living with HIV in an integrated setting appropriate to a client's needs. These services are based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
- 1) Appropriate mental health, developmental, and rehabilitation services;
 - 2) Day treatment or other partial hospitalization services;
 - 3) Durable medical equipment; and
 - 4) Home health aide services and personal care services in the home.

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

- c. **Hospice Services** are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:
- 1) Mental health counseling;
 - 2) Nursing care;
 - 3) Palliative therapeutics;
 - 4) Physician services; and
 - 5) Room and board.

Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

- d. **Medical Case Management** is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- 1) Initial assessment of service needs;
- 2) Development of a comprehensive, individualized care plan;
- 3) Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- 4) Continuous client monitoring to assess the efficacy of the care plan;
- 5) Re-evaluation of the care plan at least every 6 months with adaptations as necessary;
- 6) Ongoing assessment of the client's and other key family members' needs and personal support systems;
- 7) Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and
- 8) Client-specific advocacy and/or review of utilization of services.

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance marketplaces/exchanges).

- e. **Medical Nutrition Therapy** includes:

- 1) Nutrition assessment and screening;
- 2) Dietary/nutritional evaluation;
- 3) Food per medical provider's recommendation; and
- 4) Nutrition education and/or counseling.

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services

performed must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or licensed nutrition professional.

- f. **Mental Health Services** are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized with the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Mental Health Services are allowable only for HIV-infected clients.

- g. **Outpatient/Ambulatory Health Services** are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight.
 - 1) Allowable activities include:
 - a) Medical history taking;
 - b) Physical examination;
 - c) Diagnostic testing, laboratory testing;
 - d) Treatment and management of physical and behavioral health conditions;
 - e) Behavioral risk assessment, subsequent counseling, and referral;
 - f) Preventive care and screening;
 - g) Pediatric development assessment;
 - h) Prescription, and management of medication therapy;
 - i) Treatment adherence;
 - j) Education and counseling on health and prevention issues; and
 - k) Referral to and provision of specialty care related to HIV diagnosis.

2. Support Services:

Twenty-five percent (25%) of funds can be used to provide support services.

- a. **Non-Medical Case Management Services (NMCM)** provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case Management Services may also include assisting eligible client to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance marketplace plans. This service includes several methods of

communication including face-to-face, phone contact and other forms of communication deemed appropriate by RWHAPPB.

- 1) Key activities include:
 - a) Initial assessment of service needs;
 - b) Development of a comprehensive, individualized care plan;
 - c) Continuous client monitoring to assess the efficacy of the care plan;
 - d) Re-evaluation of the care plan at least every six (6) months with adaptations as necessary, and
 - e) Ongoing assessment of the client's and other key family members' needs and personal support systems.

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management Services have as their objective improving health care outcomes.

- b. **Food Bank/Home Delivered Meals** refers to the provision of actual food items, hot meals, or a voucher program to purchase food.

- 1) This also includes the provision of essential non-food items that are limited to the following:
 - a) Personal hygiene products
 - b) Household cleaning supplies
 - c) Water filtration/purification systems in communities where issues of water safety exist.

Unallowable costs include household appliances, pet foods, and other non-essential products.

- c. **Housing** services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

- d. **Medical Transportation** is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.
- 1) Unallowable costs include:
 - a) Direct cash payments or cash reimbursement to clients
 - b) Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
 - c) Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.
- e. **Respite Care** is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

Recreational and social activities are not allowable program activities as a part of the RWHAPPB funding.

- f. **Substance Abuse Services (residential)** is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:
- 1) Pretreatment/recovery readiness programs;
 - 2) Behavioral health counseling associated with substance use disorder;
 - 3) Medication assisted therapy; and
 - 4) Relapse prevention.

This service is permitted only when the client has received a written referral from the clinical provider as part of a substance abuse disorder treatment program funded under RWHAPPB

3. Prohibited use of funds:

RWHAPPB funds **cannot** be used for:

- a. International travel;
- b. Construction;
- c. PrEP or Post-Exposure Prophylaxis (nPEP);
- d. Syringe Services Programs;
- e. Cash payments to intended recipients of RWHAPPB services (this prohibition includes cash incentive and cash intended as payment for core medical and support services),
- f. To develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual,
- g. Clothing purchases,
- h. Employment and Employment-Readiness Services,

- i. Funeral and Burial Expenses, or
 - j. Property Taxes
4. The Grantee must send at least one (1) representative to the HIV/STD Statewide Meetings held twice a year. The Grantee will be notified of the dates and times of the meetings by the State as they are scheduled.

II. GENERAL INSTRUCTIONS AND REQUIREMENTS:

This Request for Grant Proposal (RFGP) is issued by the State of Tennessee, Department of Health. The Competitive Procurement Coordinator shall be the sole point of contact for purposes of information concerning this RFGP. All correspondence **must** be sent to:

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Melissa.Painter@tn.gov

A. Schedule of Events:

The following is an anticipated timetable for the procurement process. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (central time zone)	DATE (all dates are state business days)
1. RFGP Issued		May 3, 2017
2. Disability Accommodation Request Deadline		May 5, 2017
3. Pre-Proposal Tele-Conference	9:00 a.m.	May 11, 2017
4. Notice of Intent to Propose Deadline	2:00 p.m.	May 12, 2017
5. Written "Questions & Comments" Deadline	2:00 p.m.	May 17, 2017
6. State Response to Written "Questions & Comments"		May 22, 2017

7. Proposal Deadline	2:00 p.m.	May 30, 2017
8. State Completion of Organizational & Technical Grant Proposal Evaluations		June 2, 2017
9. State Scoring of Grant Budgets	2:00 p.m.	June 5, 2017
10. Evaluation Notice Released	2:00 p.m.	June 8, 2017
11. Contractor Contract Signature Deadline		June 20, 2017
12. Effective Start Date of Contract		July 21, 2017

A Pre-Proposal Tele-Conference will be held at the time and date detailed in the Schedule of Events.

Any proposer desiring to submit a proposal as a prime grantee contractor in response to this RFGP is encouraged to have at least one (1) representative at the tele-conference, however attendance is not mandatory. The conference telephone number is **(888) 757-2790** and the participant passcode is **766173** for those potential proposers that are not available to attend and wish to participate by telephone.

The purpose of the proposers' tele-conference is to discuss the RFGP scope of services. The State will entertain questions, however potential proposers must understand the State's response to any question at the Pre-Proposal Tele-conference shall be tentative and non-binding. Potential proposers should submit questions concerning the RFGP in writing pursuant to Part II, Section A.

Potential proposers with a disability may receive accommodation relating to the communication of this RFGP and participating in the RFGP process. Potential proposers may contact the Competitive Procurement Coordinator in Section II to request such reasonable accommodation no later than the Disability Accommodation Request Deadline detailed in the RFGP Part II, Section A Schedule of Events.

B. Notice of Intent to Propose:

Before the Notice of Intent to Propose Deadline detailed in the RFGP Section II, Part A, Schedule of Events, potential proposers should submit to the Competitive Procurement Coordinator a Notice of Intent to Propose (in the form of a simple e-mail or other written communication). Such notice should include the following information:

- the business or individual's name (as appropriate)
- a contact person's name and title

- the contact person's mailing address, telephone number, facsimile number, and e-mail address

A Notice of Intent to Propose creates no obligation and is not a prerequisite for making a proposal, however, it is necessary to ensure receipt of any RFGP amendments or other notices and communications relating to this RFGP.

C. Questions and Answers:

Questions concerning the RFGP must be presented to the Competitive Procurement Coordinator, in writing, on or before the Deadline for Written Questions and Comments as detailed in Section II, Part A Schedule of Events. Each question should specify the RFGP sections to which questions pertain. Questions should be emailed, mailed or hand-carried to the Competitive Procurement Coordinator at the address shown in Section II of this RFGP.

The State's written responses to written questions will be considered official. Written responses will be emailed to potential proposers as indicated in Section II, Part B and on the date indicated in Section II, Part A Schedule of Events. Responses will also be available at the following website <http://tn.gov/health/article/funding-opportunities>. The responses will be included in the RFGP thereby as an amendment.

D. Submission of Proposals:

The proposer must submit a proposal by online submission via the following link no later than the deadline specified in Section II, Part A Schedule of Events in the form and detail specified in this RFGP. Please contact the Competitive Procurement Coordinator at the address as specified in Section II with any issues or concerns with online submission.

Web Link: <http://tn.gov/health/article/funding-opportunities>

It is the sole responsibility of the proposer to ensure that its proposal is delivered at the date and time specified in this RFGP in Section II, Part A Schedule of Events. A late proposal will not be accepted for review and evaluation by the State.

The proposal filing deadline is important. If proposals are submitted late, they are deemed to be late. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of proposal submission. Proposers are advised to avoid waiting until the last minute to submit proposals.

Each Proposer shall assume the risk of the method of dispatching any communication or proposal to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

E. Proposal Amendment and Rules for Withdrawal:

A proposal may be withdrawn prior to the proposal due date by submitting a written request for its withdrawal to the State, signed by the proposer and mailed to the Competitive Procurement Coordinator shown in Section II.

The State shall not accept any amendments, revisions, or alterations to proposals after the proposal due date, unless formally requested in writing by the State prior to that time.

Any submitted proposal shall remain a valid proposal for six 6 months after the proposal due date.

F. Acceptance of Proposals:

All proposals properly submitted shall be accepted for evaluation. However, the State reserves the right to request clarifications or corrections to proposals, reject any or all proposals received, cancel, or withdraw this RFGP, according to the best interests of the State.

Requests for clarifications or corrections by the State may be in writing or may be oral. Requests for clarifications or corrections by the State shall not allow the proposer to alter its technical proposal or price contained in the grant budget, if any. Proposers' responses to State requests for clarifications or corrections shall be in writing and signed by an individual authorized to commit the proposer. Written responses to the State shall be received by the Competitive Procurement Coordinator shown in Section II, pursuant to time frames set forth in the State's request for clarification of corrections.

The State reserves the right to waive variances in proposals providing such action is in the best interest of the State.

Where the State may waive variances, such waiver shall not modify other RFGP requirements or excuse the proposer from full compliance with the remainder of RFGP specifications and other grant requirements if the proposer is awarded a grant.

G. Right to Further Negotiate:

The Department can, at its sole discretion, further clarify or negotiate with the best evaluated proposer(s) subsequent to Notice of Intent to Award.

H. Assignment and Subcontracting:

The proposer must clearly identify in the proposal any intended subcontracts, the scope of work to be subcontracted, and the name(s) of potential subcontractor(s). All subcontracts must be approved by the State. The proposer (prime grantee), however, will be responsible for all work performed.

I. Incurring Costs:

All costs incurred by the proposer in preparing its proposal shall be borne by the proposer.

J. Disclosure of Proposal Contents:

All proposals and other materials submitted in response to this RFGP become the property of the State of Tennessee. Selection or rejection of a proposal does not affect this right. All proposal information, including detailed budget information, shall be held in confidence during the evaluation process. Only upon the completion of the evaluation of proposals, indicated by public release of a Notice of Intent to Award, shall the proposals and associated materials be open for review. By submitting a proposal, the Proposer acknowledges and accepts that the full contents of the proposal and associated documents shall become open to public inspection.

III. PROPOSER ASSURANCES AND REQUIREMENTS:

All proposers must submit the Letter of Transmittal for the Request for Grant Proposal, which is signed by an individual legally authorized to bind the proposer regarding compliance with the assurances and submission requirements. If a proposer fails to submit a Letter of Transmittal or to comply with any of the requirements contained in the Letter of Transmittal, the State may consider the proposal to be non-responsive and reject the proposal.

IV. PROPOSAL FORMAT AND CONTENT:

Your proposal shall address at least Sections IV.1, 2, and 3 as follows. These sections shall be evaluated by the State and awarded points based upon the appropriateness, completeness and quality of the proposal.

NOTICE: Sections IV.1 and 2 must not include any pricing or cost information. If any pricing or cost information amounts of any type (even pricing relating to other projects) are included in any part of the proposal in Sections IV.1 and 2, the State may deem the proposal to be non-responsive and reject it.

The following format should be used:

A. Organizational Capacity: Organization, Experience and Staff (**30 POINTS**)

This section shall contain pertinent information relating to your organization, staffing and experience that would substantiate your credentials to perform the services requested by the State. The following information should be included, at a minimum:

1. Describe your organization's experience as it relates to this proposal
2. Describe your organization's demonstrated capacity with similar projects and populations. If your organization is requesting "continuation" of previously funded activities, these should be described and indicators of program success should be included.
3. If your organization is, or has been, in a contractual relationship with the State of Tennessee, please provide the following information:
 - State agency name

- Time period of the contract
 - Services provided
4. Describe staff qualifications for the proposal. Include job descriptions, resumes, staffing pattern and other resources for implementing the project.
- B. Technical Proposal for Scope of Services (**50 POINTS**)

This section should describe your plans and approach for providing the services requested. The information should be in sufficient detail to enable the State to ascertain your understanding of the services to be accomplished. The following information must be included, at a minimum:

1. Project Description/Understanding (**20 SUB-POINTS**)

You must provide a comprehensive narrative captioned, “Project Description/Understanding” that illustrates your organization’s understanding of the State’s requirements. The section must include the following information:

- Describe the target population and the geographic areas to be served.
- Describe the minimum numbers to be served, and an estimate of other persons to be impacted by your proposal.
- Describe how the program will focus on and meet the identified needs of the target population.
- Describe any gaps in services to be addressed by the project.
- Describe when, where and how often services will be delivered.

2. Project Approach (**20 SUB-POINTS**)

You must provide a comprehensive narrative captioned “Project Approach” that illustrates how your organization will provide the scope of services and meet the state’s services needs. The section must include the following information:

- Describe the overall services and specific activities to be provided by the project.
- Describe how the target population will be identified, recruited and retained.
- Describe innovative approaches to provision of services and the benefits of those approaches.
- Describe partnerships and involvement with other community agencies for the project.
- Describe the use of volunteers, if any.
- Describe any special program issues such as confidentiality, client safety, transportation, etc.

3. Project Management and Evaluation (**10 SUB-POINTS**)

The “Project Management and Evaluation” section must provide a description of the goals and objectives to be established to measure the project’s success, as well as how your organization will determine it has accomplished its goals in terms of impact upon project participants. The “Project Management and Evaluation” section must include the following:

- Identify the goals and objectives for the project to establish how the project will impact the target population.
- Identify the performance indicators to be used to measure the project’s success.
- Identify the data sources to be used to capture both benchmark and periodic outcome measures.
- Identify any potential barriers to the project’s success.

C. Grant Budget (**20 TOTAL POINTS**)

This section shall contain all information relating to cost, based on a line item budget. Complete the Grant Budget form, and attached line item details found in the Sample Grant Contract in Section VII. A position description should be provided with the expected qualifications for each position listed on the attached Salaries Detail. Indicate the percentage (%) of time a person’s salary is to be charged to the proposed contract. A description of how dollars will be used must be provided for each line item completed.

Note: Please use the Department of Finance and Administration – Policy 03 Schedule A, (please refer to pages 11-16) for your use in determining which expense category an item should be listed in your grant budget. This policy can be found on the internet at the address listed below:

<http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>

V. PROPOSAL EVALUATION:

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible proposals. Proposals are not judged solely on consideration of price or solely on consideration of technical factors.

- A. Any proposal or Grant Budget that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all proposals. The State reserves the right to request clarifications from all proposers.
- B. The committee shall analyze Organizational and Technical proposals on the basis of factors pertinent to the services requested in this RFGP. The specifications within this RFGP represent the minimum performance necessary for response.
- C. The Competitive Procurement Coordinator shown in Section II, Part A will meet with the evaluation committee to summarize and record their point awards on the Organizational and Technical sections of the proposal.

- D. The Competitive Procurement Coordinator shown in Section II, Part A will open and review Grant Budgets in the presence of the evaluation committee. The Competitive Procurement Coordinator, in conjunction with the evaluation committee, will review the cost and determine if they have any significant impact on the Organizational and Technical scores. Adjustments may be made accordingly.
- E. Once total scores for Organizational and Technical sections and Grant Budgets are finalized, the Competitive Procurement Coordinator will recommend to the Commissioner of the Department of Health the best evaluated proposal(s). Once approved by the Commissioner of the Department of Health, the Competitive Procurement Coordinator will send out the Notice of Intent to Award.

VI. GENERAL PROPOSER INFORMATION REGARDING GRANT CONTRACT:

- A. Sample Grant Contract:

Please see the Sample Grant Contract which delineates the scope of services and/or options for the scope of services which the State expects the Grantee to provide (see Section A. of Sample Grant Contract). Additionally, the Sample Grant Contract includes the terms and conditions considered standard by the State. Do not complete the blanks in the Sample Grant Contract; the State will complete the blanks upon award of the Grant Contract.

- B. Additional Services:

If a proposer indicates that services shall be provided beyond those described in the Sample Grant Contract, these additional services should be listed in the proposal and, if accepted by the State, will be included in the grant document.

- C. Proposer Exceptions to the Sample Grant Contract and/or RFGP:

If a proposer has an exception or objects to any of the terms and conditions listed in the Sample Grant Contract, the exception(s) must be listed in the proposal. Similarly, if a proposer is unable to provide any information requested in the RFGP for evaluation, that information is to be listed along with an explanation as to why the proposer cannot comply with the RFGP. Exceptions may result in disqualification of the proposer's proposal.